

A decorative graphic on the right side of the page features three blue circles of varying sizes. The top circle is the largest, the middle one is smaller, and the bottom one is the smallest. They are arranged vertically. Two thin blue lines intersect at a point between the top and middle circles, extending towards the top-left and bottom-right corners of the page. A third thin blue line extends from the bottom-right corner towards the bottom-right circle.

Frederick County Mental Health Services Mental Health IS Public Health Consumer Handbook

350 Montevue Lane, Frederick MD 21702 301-600-1755

**awalker
8/27/2010**

Welcome!

Welcome to **Frederick County Mental Health Services (FCMHS)**. The mission of the **Frederick County MHS** is to provide the people of Frederick County a means to achieve mental health by relief from the symptoms and causes of mental illness and by promoting mentally and emotionally healthy choices of thought, feeling, and action. We do this through an integrated community-based system of care that is responsive to consumers' needs and choices. **We respect and promote the dignity, rights, and full participation of individuals and their families.**

The Frederick County Mental Health Outpatient Mental Health Clinic is licensed by the Maryland Department of Health and Mental Hygiene under COMAR 10.21.16, 10.21.17 and 10.21.20.

Our Program Goals are as follows:

1. To provide an array of community based mental health services for residents of Frederick County.
2. To pursue new and innovative ways in which to treat mental illness.
3. To pursue the provision of services to needy populations historically underserved (e.g., jail population, elderly, dually diagnosed, etc).
4. To collaborate with other service providers to create a comprehensive continuum of care for the mentally ill.

Frederick County Mental Health services comply with the Americans with Disabilities Act. Equal access to programs, services and employment is available to all persons. FCMHS is an agency of State government under Title 10 Department of Mental Health and Hygiene of the Code of Maryland. FCMHS provides psychiatric evaluation, medication evaluation, and medication management, individual and group psychotherapy to adults, children and teens.

Services

The Frederick County Mental Health Outpatient Mental Health Clinic provides services to persons experiencing moderate to severe distress and impairment in functioning due to a mental health disorder; persons returning to the community from an inpatient psychiatric hospitalization, treatment center, or other out of home placement; and survivors of abuse or other traumas. Our clinicians and physicians utilize a wide array of treatment modalities to assist consumers in achieving optimal mental health.

Our clinic services are designed to provide an array of assessment and counseling services to persons of all ages and their families who are experiencing a wide variety of mental health problems other than those treated in the inpatient psychiatric facilities. In this community setting, the array of services provided is responsive to a wide range of individual needs with the flexibility for continuum of interventions that can address mild to severe dysfunction in brief to longer term periods of treatment.

Most services are rendered at the Health Department Clinic but we also provide services in selected schools, C.A.S.S. offices, and other locations as appropriate. The Mental Health Clinic within the Health Department is open 60 hours per week.

Our services include:

♦**Psychiatric evaluation and assessment** - A licensed clinician or psychiatrist meets with individual clients, and/or their families or significant others, on a face-to-face basis to screen and assess the client's presenting problems, strengths, and deficits; psychiatric history and develops or determines a diagnostic impression; performs an evaluation; and develops or reviews an individual treatment plan.

♦**Medication evaluation and medication management** - this service is provided by a staff psychiatrist to evaluate the appropriateness of initiating or continuing the use of psychotropic medication.

♦ **Individual psychotherapy** - Individual therapy is a form of therapy in which the client is treated one-on-one with a licensed clinical therapist. The most popular form of therapy, individual therapy may encompass many different treatment styles ranging from psychoanalysis to cognitive behavioral orientations.

♦**Group psychotherapy** - Group therapy is a form of psychosocial treatment where a small group of carefully selected clients meet regularly to talk, interact, and discuss problems with each other and the group leader (therapist).

♦**Family therapy** - family therapy is a form of psychotherapy in which the members of a family participate, with the aim of improving communications between them and the ways in which they relate to each other. The clinician works with the family rather than the individual, bringing the entire family together for therapeutic sessions.

Hours of Operation and After Hours Coverage

You have the right to receive emergency services at any time, 24-hours a day, and seven days a week, without prior authorization for payment of care.

Persons calling the agency after hours will hear the following message: "You have reached Frederick County Mental Health Services. We are unable to answer the phone at this time. If you are having an emergency please hang up the phone and dial 911. Again, we are unable to answer the phone at this time. If you are having an emergency please hang up and dial 911. You may leave a message after the tone and we will return your call the next business day. Thank you."

Hours of Operation

Monday: 7:30am – 9:00pm

Tuesday: 7:30am – 5:00pm

Wednesday: 7:30am – 9:00pm

Thursday: 7:30am – 5:00pm

Friday: 7:30am – 5:00pm

Saturday: 8:00am – 12:00pm

This message will be changed to reflect holidays or inclement weather closures, as needed, but the essential referral instructions will remain the same. The clinic is closed on all State holidays. Please listen to local radio stations for announcements that the Health Department is closed. An announcement will also be made on the Frederick County Health Department Website:

[www.FrederickCountyMD.Gov/Health Dept.](http://www.FrederickCountyMD.Gov/HealthDept.)

In the event that you or a loved one is experiencing a mental health emergency, we have included several support resources on the following page that you may utilize after hours when the clinic is not open. If you are unsure if what you are experiencing is a mental health emergency, use the guidelines below.

A mental health emergency is

- ◆ When a person is experiencing a serious mental illness, a developmental disability, or a child is experiencing a serious emotional disturbance and can reasonably be expected in the near future to harm him/herself or another, or
- ◆ Because of his/her inability to meet his/her basic needs is at risk of harm, or
- ◆ The person's judgment is so impaired that he or she is unable to understand the need for treatment and that their condition is expected to result in harm to him/herself or another individual in the near future.

If you have a mental health emergency, you should seek help right away. Go to the nearest hospital emergency room for assistance. If there is no hospital nearby, or if you don't know where one is, please call 911 for assistance.

24 Hour Emergency Assistance

1-800-SUICIDE/1-800-784-2433
24 hour National Crisis Hotline

2-1-1 (1-866-411-6803) English/Spanish
Referrals for Health & Human Services

301-662-2255 Frederick County Hotline
Crisis intervention, support, info & referrals

1-800-273-8255
National Suicide Prevention Lifeline

1-800-Alcohol (1-800-252-6465)
Helpline for Alcohol/drug abuse

301-662-8800
Rape crisis hotline

1-800-344-7432
National AIDS Spanish Hotline

1-800-CDC-INFO
24/7 AIDS Hotline/Info

Children Services Emergency Assistance

1-800-204-8600 Operation Runaway
Hotline & 24 hr local crisis walk in center

301-694-8255 Phone Friend
Hotline for children home alone

301-662-0099
Children's Mobile Crisis Unit

1-800-422-0009 MD Youth Hotline
Crisis intervention, support & referrals

1-800-999-9999 Covenant House – 24 hour hotline which provides crisis intervention, referrals and information services to the homeless, runaways, and troubled teens and families.

1-800-222-1222

Maryland Poison Center – Information to emergency personnel and public concerning poisons, drugs, and safety procedures with chemicals – 24 hours.
www.mdpoison.com

CONSUMER SUPPORT GROUPS

1-800-704-0262
On Our Own of Maryland

301-620-0555
On Our Own of Frederick County

301-696-1810
NAMI Frederick County

1-888-607-3637
Maryland Coalition of Families for Children's Mental Health

Eligibility

Mental Health Service's qualified staff will talk with you to determine your needs and eligibility for mental health services. Services offered by Mental Health Services have criteria established by the Department of Health and Mental Hygiene. If you are eligible, you will be given an appointment for services. If you are not eligible for services, we will help you locate other agencies in the community that can meet your needs. You are welcome to bring a family member or friend to this appointment. There will be paperwork to complete before talking with someone about your problem.

Services are available without regard to race, age, religion, ethnic origin, or sexual orientation. Services are available to those who reside within Frederick County.

Emergency Medical Treatment and Labor Act (EMTALA):

A federal statute that requires hospitals to provide emergency treatment to all persons, including persons who do not have insurance and are unable to pay.

Frederick County Mental Health Services accepts the following insurances:

- ◆ Medical Assistance
- ◆ Medicare
- ◆ Frederick County Primary Adult Care Program (PAC)
- ◆ Maryland Child Health Insurance Program (MCHIP)

For those who have no insurance and meet the Public Mental Health System eligibility requirements, the County provides a small safety net of funding to assist residents who

are in need of services, known as the Uninsured Fund or Grey Zone fund. The Uninsured Fund is limited in availability and may stop accepting applications for funding services at any time. Other individuals must pay for services themselves and seek any reimbursement they may be entitled to from their insurance company. We also accept private pay, meaning consumers may choose to pay full fee for services rendered by our staff.

If you are enrolled in Medical Assistance, also known as Medicaid or Health Choice,

Medicare or the Primary Adult Care program (PAC) and meet the criteria for the Maryland Public Mental Health System, the total cost of your authorized mental health treatment will be covered.

If you are currently uninsured, and meet the criteria for the Uninsured Coverage program described above, you may be responsible for a small portion of the cost of services, usually a two dollar (\$2.00) co-pay.

If your financial situation changes, please let us know as soon as possible so that we can review your fee and make adjustments as appropriate. Please feel free to discuss your fee with clinic staff at any time.

YOUR RIGHTS:

- ◆ You have the right to know about the services you will receive.
- ◆ You have the right to know what you can expect from program staff during your sessions.
- ◆ You have the right to know what your responsibilities are while you are receiving services.
- ◆ You have the right to know who to contact if you think your rights have been violated.

YOUR RESPONSIBILITIES:

- ◆ You will be asked to provide financial information.
- ◆ You will be asked to document your income.
- ◆ You should make payments at the time of service unless you have made other arrangements.
- ◆ You must attend all scheduled appointments or call to cancel at least 24 hours in advance.

Confidentiality

You have the right to have information about your mental health treatment kept private. You also have the right to look at your own clinical records and add a formal statement about them if there is something you do not like. Generally, information about you can only be given to others with your permission. However, there are times when your information is shared in order to coordinate your treatment or when it is required by law. Those exceptions include emergencies, other appropriate employees, insurance companies for payment, legal requirements, for protection, if we believe you may be a threat to someone else or yourself, abuse or neglect, crime against a person or property of Frederick County Mental Health Services, the local human rights committee, State licensing, accreditation, and fiscal audits and program evaluations.

Mental health clinicians are legally required by law to report child abuse of any kind to the proper authorities regardless of when the abuse may have occurred.

Family members
have the right to
provide
information about

*To request mental health services call Frederick County Mental Health Services, Monday through Friday, between 8:00 a.m. and 5:00 p.m.
301-600-1755*

you to Frederick County Mental Health. However, without a **Release of Information** signed by you, the agency may not give information about you to a family member. For minor children under the age of 18 years, parents are provided information about their child and must also sign a release of information so that pertinent clinical information may be shared with other treatment providers.

Under **HIPAA** (Health Insurance Portability and Accountability Act), you will be provided with an official Notice of Privacy Practices from our program. This notice will

Individuals have the right to make decisions concerning their medical care, including the right to accept or refuse treatment, and the right to formulate advance directives. It is policy of Frederick County Mental Health Services to honor a properly executed durable power of attorney or advance directive.

tell you all the ways that information about you can be used or disclosed. It will also include a listing of your rights provided under **HIPAA** and how you can file a complaint if you feel your right to privacy has been violated.

To improve the quality of services, Frederick County Mental Health Services (FCMHS) wants to coordinate your care with the medical provider who cares for your physical health. If you are also receiving substance abuse services, your mental health care should be coordinated with those services. Being able to coordinate with all providers involved in treating you improves your chances for recovery, relief of symptoms, and improved functioning. Therefore, you are encouraged to sign a **“Release of Information”** so that information can be shared.

Notice About Your Medical Records

If you are 18 years of age or older, and able to make decisions for yourself, the laws of Maryland require that Local Health Departments retain consumer medical records for six (6) years after discharge (or date of last contact). Your medical records must be kept at least six (6) years after you reach the age of 21, or six (6) years after discharge (or date of last contact), whichever comes later. If a court determined that you cannot make decisions for yourself, your medical records must be kept at least six (6) years after a court determines that you can make your own decisions, or six (6) years after discharge (or date of last contact) whichever comes later. Medical records must be kept at least six (6) years following the death of a consumer. After the designated time period has passed, our medical records will be destroyed.

Psychiatric Advance Directives & Crisis Planning

Psychiatric Advance Directive: Adults have the right, under Maryland law, to a **“psychiatric advance directive”**. A psychiatric advance directive is a tool for making decisions before a crisis in which you may become unable to make a decision about the kind of treatment you want and the kind of treatment you do not want. This lets other people; including family, friends, and service providers, know what you want when you cannot speak for yourself. We have attached a copy of an Advanced Directive. You may use this one or you may choose another you like better.

Crisis Plan:

You also have the right to develop a **“crisis plan”**. A crisis plan is intended to give direct care if you begin to have problems in managing your life or you become unable to make decisions and care for yourself. The crisis plan would give information and direction to others about what you would like done in the time of crisis. Examples are friends or relatives to be called, preferred medicines, or care of children, pets, or bills.

Recovery and Resiliency

Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her potential. **Recovery** is an individual journey that follows different paths and leads to different locations. **Recovery** is a process that we enter into and is a life-long attitude. **Recovery** is unique to each individual and can truly only be defined by the individual themselves. What might be recovery for one person may be only part of the process for another. **Recovery** may also be defined as *'wellness.'* Mental health supports and services help people with mental illness in their recovery journeys. The person-centered planning process is used to identify the supports needed for individual recovery. In recovery there may be relapses. A relapse is not a failure, rather a challenge. If a relapse is prepared for, and the tools and skills that have been learned throughout the recovery journey are used, a person can overcome and come out a stronger individual. It takes time, and that is why **Recovery** is a process that will lead to a future that holds days of pleasure and energy to persevere through the trials of life. **Resiliency** and development are the guiding principles for children with serious emotional disturbance. **Resiliency** is the ability to “bounce back” and is a characteristic important to nurture in children with serious emotional disturbance and their families. It refers to the individual’s ability to become successful despite challenges they may face throughout their life.

Hope, Support, Education, Self-advocacy, Personal Responsibility

The Role of Advance Directives is one way of practicing Recovery. By completing an **Advance Directive**, a person:

- acknowledges that recovery has its ups and downs. Recovery is not a straight course.
- creates hope by thinking, concretely, about the people in his or her life that are supportive.
- creates respect for his or herself as they are deserving of the best of care.
- takes control and exercises choice in determining his or her mental health care.
- realizes there are different components to wellness – a holistic approach to mental wellness.
- receives and gives support from his or her peers.
- is empowered by participating in all decisions regarding mental health care.

TREATMENT PLANNING PROCESS:

Maryland mental health law requires consumers to be involved in their treatment and rehabilitation process. In fact, consumers should participate in the development and updating of their treatment plan and be told in language they understand, of the content and nature of the plan, any possible side effects of recommended treatments, and any alternative treatments or services that are available. We believe consumers

should be actively involved in all aspects of treatment decision making including who they want to take care of them, what type of treatment they want, and where they want to receive services. The development of an Individual Treatment Plan (ITP) involves a series of actions and/or steps that build upon each other. These include:

- ◆ Data Gathering – information obtained during the assessment with a licensed clinical social worker. Data comes from social history, the clinical interview, psychological testing, physical health history, and contact with people who are significant to the client (e.g., siblings, spouse or significant other, parents, spiritual leaders). The information and symptoms presented during the assessment process contribute to formulating a diagnosis. The clinician can use the information to understand the client's perspective, identify the consumer's needs, strengths and desires, and learn how the client is coping.
- ◆ Problem Selection - In situations where many problems need to be resolved through treatment, the clinician will determine which problems present a risk for the client or others and may need priority. The clinician will work with the consumer to find out what the consumer identifies as the most significant problems. Together, the client and clinician should prioritize the identified problems and decide what to work on over the next six months or other specified time period.
- ◆ Goal/Objective Development - Goal statements indicate desired outcomes of treatment. Objectives are stated in short-term, behaviorally measurable terms. Anyone reading the objective should be able to tell that it is a step toward obtaining the broad treatment goal(s). Objectives specify how both the clinician and client will know when the client has achieved the objective, and provide target dates for achievement.
- ◆ Treatment Strategy Creation - Treatment strategies are the interventions designed to help the client implement and complete the objectives. The strategy should be based on the client's needs. Some strategies include cognitive behavioral therapy, psychoanalysis, family therapy, or group therapy. Clinician's will recommend to the consumer how often they should meet in order to achieve the stated goals.

Our child and adolescent clinicians believe in creating **individualized services** designed to meet the unique needs of each child and family. Services are individualized when the *caregivers* pay attention to the needs and strengths, ages, and stages of development of the child and individual family members. **Family-centered services** are services designed to meet the specific needs of each individual child and family. We believe that children and families should not be expected to fit into services that do not meet their needs.

We all have the right to be free from harm.

Failure to comply with weapons and/or illicit and licit drug policies may result in suspension or termination of services and/or report to law enforcement if harm or threat of harm is present.

Consumers who need to bring licit drugs (medication prescribed by an authorized prescriber and held by the consumer) onto the premises of any Frederick County Mental Health Services program must have the medications in the container provided by the pharmacy and may not be distributed to other people.

About Illicit Drugs & Alcohol

Illicit drugs (drugs considered illegal) and alcohol are not permitted on the premises of any program of Frederick County Mental Health Services program.

About Weapons

Weapons (including guns, knives, and any other item used to threaten or inflict harm on someone or something) are not permitted on the premises of any program of Frederick County Mental Health Services.

About Smoking

Smoking is not permitted on the grounds of the Frederick County Health Department.

Personal Safety in Your Home

- ◆ Ask for identification before you open the door.
- ◆ Do not allow strangers to use the phone, even if they say it is an emergency. You may offer to call 911 for them to get help, but do not allow strangers in your home.
- ◆ Do not give private or personal information over the phone.
- ◆ Do not let strangers know you are home alone.
- ◆ Hang up if you receive a threatening call. Notify the police if calls continue.

Medication Safety

Take medications as prescribed by your doctor; let your doctor know if you are having any side effects or if you are not taking your medications as prescribed.

Using a daily medication dispenser/box may help you remember to take medications as prescribed.

If you cannot afford your medications, ask your health care provider to help you look at payment options or assistance programs.

If you have difficulty reading labels, ask your pharmacist to help you. Check with your health care provider before taking any over-the-counter medications.

Keep your medications in one safe place in your home (example: in a cupboard, out of the reach of children).

Do not mix different medications in one bottle.

Do not place medications in a bottle not labeled for that medication.

Medication labels have an expiration date and refill information on them. Refill medication prior to taking the last dose.

Dispose of all unused or expired medications



Fire Safety

- Find at least two escape routes to use in case of fire in the home.
- Put in smoke detectors (at least one per floor) and check batteries as directed or every six months. Replace the entire smoke detector every five to ten years.
- Keep a fire extinguisher on hand and know how to use it.
- Keep emergency numbers on or near the phone.
- Make sure ashes and cigarette butts are cool before throwing them away.
- **Do NOT smoke in bed.**
- If you smell smoke, see fire, or the smoke detector sounds, get out of the house as soon as possible and call 911 from a nearby phone.
- **Do NOT look for the fire.**





Infection Control

- The generous use of soap and water is one of the best ways to prevent the spread of infection.
- Maintain personal cleanliness by washing hands before and after handling food, and after using the restroom.
- Keep animals and pets out of trash and off food preparation and dining surfaces.
- Use a liquid soap for hand washing. Use a separate toothbrush and drinking glass for each family member.
- Cover your mouth and nose when coughing or sneezing to prevent the spread of germs. Turn your head to avoid spreading droplets from coughs or sneezes.

- Refrigerate milk and other perishable foods.
- Promote good health by eating a balanced diet, getting the right amounts of sleep, rest, sunshine, fresh air, and exercise.



"Good" hand washing techniques include using an adequate amount of soap, rubbing the hands together to create friction for 20 seconds, and rinsing under running water.

CONSUMER RIGHTS

Consumers in the Public Mental Health System have the right to:

- Be in a safe environment and be treated with respect and dignity;
- Receive appropriate humane treatment and services that restricts liberty consistent with treatment needs and legal requirements;
- Know the names and titles of caregivers providing care and treatment;
- Obtain covered necessary care from participating providers;
- Refuse to participate in physically intrusive research conducted by a provider in a facility;
- Discuss care and treatment with their provider(s) including potential risks and benefits of prescribed treatment;
- Privacy and confidentiality related to all aspects of care;
- Be protected from neglect and physical, emotional, sexual or verbal abuse;
- Be free from restraints and seclusion except in certain emergency situations when the consumer presents a danger to self, others or the therapeutic environment;
- Visit and have private conversations with a lawyer or clergy of their choice;
- Be part of developing their individual treatment or service plan and in all decision making regarding their mental health care;
- Get information about any co-payments/fees that must be paid.
- Refuse treatment or medications unless ordered by the courts, or when there is an emergency, or when a person is in the hospital involuntarily and medication is approved by a clinical review panel;

CONSUMER RIGHTS CONTINUED

- Be given information about the Public Mental Health System, its services and caregivers, as well as the rights and responsibilities of consumers;
- Be able to choose providers who are part of the Public Mental Health System network and refuse care from a provider;
- Voice complaints and be told how to file grievances and appeals about the Public Mental Health System or services provided;
- See and read medical/treatment records, unless the provider determines it may be harmful, and then the provider can explain this to the consumer;
- Vote; and
- Receive, hold and dispose of property unless restricted for medical and/or security reasons.



Role of Families

Families are often a valuable resource to both consumers and providers in planning treatment, implementing treatment approaches, evaluating progress and planning discharge and aftercare. Their knowledge of the consumer's history may provide important information to the treatment team in diagnosing and deciding treatment approaches.

Family participation is only possible when the consumer consents to this involvement. Consumers have the right to refuse to allow information to be shared with family members. It is important to recognize that family involvement can frequently help consumers to achieve their treatment goals.

Family members have the right to provide information about you to Frederick County Mental Health. However, without a **Release of Information** signed by you, the agency may not give information about you to a family member. For minor children under the age of 18 years, parents are provided information about their child and must sign a release of information to share with others.

Advance Directive for Mental Health Treatment

NOTICE: This is an important legal document. Before signing this document, you should know these important facts.

Introduction:

Maryland law gives the right to anyone 16 years of age and over to be involved in decisions about their mental health treatment. However, a parent or guardian of a person under the age of 18 years may authorize treatment, even over the objection of the minor. The law also notes that at times, some persons are unable to make treatment decisions. Maryland law states that you have the right to make decisions in advance, including mental health treatment decisions, through a process called advance directive.

An Advance Directive can be used to state your treatment choice or can be used to name a health care agent. A “health care agent” is someone that will make health care decisions for you.

A. If you are a person with a mental illness, this document provides you the chance to take part in a major way in your mental health care decisions when you are not able to. This document allows you to express your consent or refusal to medications for your mental illness and other health care decisions, including use of seclusion and restraints. Please know that Maryland law allows a health care provider to override your refusal for medication for a mental disorder in limited situations if you are involuntarily committed to a psychiatric hospital.

B. This document may be completed by any individual 18 years of age and has not been determined to not be capable of making an informed decision. An Advance Directive may be oral or written. If written, it must be signed and dated. Two witnesses must also sign the document. The health care agent may not be a witness. At least one witness may not be a person who is knowingly entitled to benefit by your death, for example inherit money or insurance benefits. The witnesses must sign the document stating they personally know the person making the Directive and the person appears to be of sound mind.

C. If you wish to guide your health care providers on what treatment you want if you should become unable to give consent, and you do not want a health agent, fill out the form titled “Advance Directive for Mental Health Treatment.” If you want an agent to make the choice for you, fill out the form “Appointment of Health Care Agent.” You may fill out both forms if you want an agent to make the choices and you also want to assist in those choices. If the directive is made orally, it must be made in the company of your attending physician and one witness.

D. You can also make an Advance Directive naming a person as your health care agent, to make mental health decisions when you are not able to do so. The agent must make choices in line with any desires you have expressed in this document, or if your wishes are not expressed and are not known by the agent, the agent must act in good faith in

what he/she believes to be in the best interest for you. It is your job to inform the agent that the agent has been named in your Advance Directive, and to make sure he/she agrees to be your agent. It is important that your health care agent be informed about your mental illness and the decisions you have made in this form. It is highly recommended that you discuss the contents of this form with your family and close friends, and your mental health providers.

E. Maryland law does not allow a person to sign another adult into a psychiatric hospital. Therefore, a health care agent may not sign you into a psychiatric hospital.

F. Maryland law allows giving a medication for the treatment of a mental disorder over the person's expressed wishes, or placing a person in seclusion or restraints against the person's expressed wishes, under certain conditions.

Advance Directive for Mental Health Treatment

I (name) _____, being an adult, and emotionally and mentally able to make this directive, willfully and freely complete this health care Advance Directive to be followed if it is determined by two physicians that I am not able as a result of a psychiatric or physical illness to assist in my health care treatment. (The second physician may not be involved in my treatment). It is my intent that care will be carried out despite my inability to make choices on my own behalf. In the event that a guardian or other decision-maker is chosen by a court to make health care choices for me, I intend this document to take priority over all other means of discovering my intent while able.

The usual symptoms of my identified mental disorder may include:

I direct my health care providers to follow my choices as set forth below:

Medications for treatment of my mental illness:

If I become unable to make informed choices for treatment of my mental illness, my wishes regarding medications are as follows:

Medication Reaction

I may be allergic to the following medications:

The following medications have been helpful in the past and I would agree to them if prescribed:

Initial all that apply:

____ I agree to the performance of all tests and other means to identify or assess my mental health.

____ I agree to the performance of all tests and other means to check how well the medications are working and their effect on my body, i.e. blood tests.

____ I specifically do not agree with dispensing the following medications, or their own brand name, trade name or generic equal.

Medication Reason for not agreeing:

____ I agree with dispensing all medications prescribed by my treating psychiatrist, unless listed above.

Admission to and continuation of mental health services from a facility other than an inpatient hospital:***Check one***

____ I do not have a preference about receiving mental health services from a facility or other provider other than a psychiatric hospital, i.e., clinic, PRP, mobile treatment.

____ I agree to receive services from a facility, which is not a hospital.

____ I do not agree to receive mental health services from a provider or facility other than a hospital.

Conditions/ Limits:

Other Choices:

If I am unable to make informed decisions about my mental health choices, my wishes regarding other information or options are listed below:

Release of Records

I authorize the release of (check one):

____ Any and all mental health records

____ The following mental health record/records of the following providers:

To: _____
(Name of person records may be released to)

Appointment of Health Care Agent

Cross through this page if you do not want to appoint a health care agent to make decisions for you.

I select the following person as my agent to make health care choices for me:

Name _____

Address _____

Work Phone Number _____ Home Phone Number _____

If this agent is unable, unwilling, or elsewhere engaged to act as my agent, then I select the following person to act in this role:

Name: _____

Address _____

Work Phone Number _____ Home Phone Number _____

My agent has full power and right to make health care choices for me:

_____ Just in regards to the instructions above.

_____ If my wishes are not expressed above, and my wishes are not otherwise known to my agent, or if my wishes are unknown or unclear, my agent is to make health care choices for me with my best interest in mind, to be determined by my agent after reviewing the benefits, burdens, risks that might result from a given treatment or course of treatment, or from the withholding or withdrawal of a treatment or course of treatment.

The authority of my agent is subject to the following conditions and limits:

My agent has full power and right to:

1. Request, receive and review any information, oral or written, regarding my physical or mental health, including, but not limited to, medical and hospital records, and the right to disclose this information.
2. Employ and release my health care providers.
3. Approve my admission to or release from any facility (other than psychiatric hospital or unit), nursing home, adult home or other supervised housing or medical care facility.

Check one:

My agent's powers and rights become active:

_____ When my attending physician and a second physician decide that I am unable to make well-versed choices regarding my health care;

OR

_____ When this document is signed. My agent shall not be responsible for costs of care based just on this agreement

SIGNATURES

By signing below, I indicate I am emotionally and mentally competent to make this Advance Directive.

_____ Date: _____

The above named person signed or acknowledged signing this Advance Directive in my company and based upon my personal study appears to be a capable person.

Witness name (Print) *Witness signature* *Date*

Witness name (Print) *Witness signature* *Date*

Consumer Grievance Process

All persons who receive services from Frederick County Mental Health Services are entitled to seek relief when it is believed that there is a grievance involving the staff, procedures, or policies of this program. When a problem of this nature arises, the patient may seek resolution using the following procedure:

Step 1: The client discusses the grievance with his/her therapist.

Step 2: If the problem cannot be resolved by the therapist, the client is entitled to meet with the therapist's supervisor.

Step 3: If a satisfactory resolution is not achieved with the therapist's supervisor the patient should put in writing the nature of the grievance and the relief sought. An appointment will be made with the Director of Frederick County Mental Health Services following receipt of the written grievance.

Step 4: The final level of local appeal is the Health Officer. Appeals to the Health Officer should be made in writing.

Leadership Staff List:

Andrea Walker, MA, CPRP, Director, Frederick County Mental Health Services

Sangwoon Han, MD, Medical Director

Karen Hall, LCSW-C, Coordinator, Adult Services

Fred Balius, Jr., LCSW-C, BCD, Coordinator, Child & Adolescent Services

Joyce Garner, Office Manager

Nondiscrimination Policy and Statement Procedure

The Secretary of the Department of Health and Mental Hygiene (DHMH), by law and policy, does not permit discrimination against anyone on the basis of race, color, national origin, sexual orientation, age, religion, disability, or sex. This nondiscrimination policy applies to all facilities and programs operated directly by DHMH as well as to providers of health services who receive federal funds under Medicare Part A or Medicaid.

If you feel you have been discriminated against and denied equal access or delivery of services in accordance with Title VI, Section 601 of the Civil Rights Act of 1964, which includes race, color, national origin, age, religion, disability, or sex, you may proceed with one of the following:

- By writing or calling the:

Equal Access Compliance Unit
Office of Equal Opportunity Programs
5th Floor, Herbert R. O'Connor Building
201 West Preston Street
Baltimore, Maryland 21201
410-767-6600 – MD Relay 711
1-800-735-2258

- By writing or calling the Administrator of the facility where the alleged discriminatory act took place, with carbon copies to the Equal Access Unit
- By writing or calling the U.S. Office for Civil Rights, Region III, 150 S. Independence Mall, Philadelphia, Pennsylvania 19106; 215-861-4441, TDD 215-861-4440

Individuals with disabilities may contact all of the above departments via the Maryland Relay System at 1-800-735-2258.

This information is required by Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Hill-Burton Act.

GLOSSARY OF MENTAL HEALTH TERMS

Acting out This is the process of expressing unconscious emotional conflicts or feelings via actions rather than words. The person is not consciously aware of the meaning of such acts.

Affect refers to the observable behavior that represents the expression of a subjectively experienced feeling state (emotion). Common examples of affect are sadness, fear, joy, and anger.

Agitation (psychomotor agitation) Excessive motor activity that accompanies and is associated with a feeling of inner tension and consists of such behavior as pacing, fidgeting, wringing of the hands, pulling of clothes, and inability to sit still.

Akathisia Complaints of restlessness accompanied by movements such as fidgeting of the legs, rocking from foot to foot, pacing, or inability to sit or stand. Akathisia is a state of motor restlessness.

Bipolar Disorder / Manic Depression A serious mood disorder which involves extreme mood swings or highs (mania) and lows (depression); sometimes termed manic-depressive psychosis.

Clinical social workers are licensed health professionals trained in client-centered therapy and may work with you individually, in groups or both. Social Workers encourage family and support service involvement with client consent. Clinical social workers cannot write prescriptions.

Cognitive Pertaining to thoughts or thinking. Cognitive disorders are disorders of thinking, for example, schizophrenia.

Compulsion Repetitive ritualistic behavior such as hand washing or ordering or a mental act such as praying or repeating words silently that aims to prevent or reduce distress or prevent some dreaded event or situation.

Consumer Any individual who does or could receive health care services. Includes other more specialized terms, such as beneficiary, client, customer, eligible member, recipient, or patient.

Coping mechanisms Ways of adjusting to environmental stress without altering one's goals or purposes; includes both conscious and unconscious mechanisms.

Delusions are bizarre thoughts that have no basis in reality.

Depression is a mood disorder characterized by intense feelings of sadness that persist beyond a few weeks. Two neurotransmitters-natural substances that allow brain cells to communicate with one another-are implicated in depression: serotonin and norepinephrine.

Dually Diagnosed A person who has both an alcohol or drug problem and an emotional/psychiatric problem is said to have a dual diagnosis.

Hallucinations are experiences of sensations that have no source. Some examples of hallucinations include hearing nonexistent voices, seeing nonexistent things, and experiencing burning or pain sensations with no physical cause.

Health Insurance Portability and Accountability Act (HIPAA) This 1996 act provides protections for consumers in group health insurance plans. HIPAA prevents health plans from excluding health coverage of pre-existing conditions and discriminating on the basis of health status.

Intake/ Screening Services designed to briefly assess the type and degree of a client's/patient's mental health condition to determine whether services are needed and to link him/her to the most appropriate and available service.

Medicaid is a federal program (Title XIX of the Social Security Act) that pays for health services for certain categories of people who are poor, elderly, blind, disabled, or who are enrolled in certain programs, including Medicaid Waivers. Medicaid also covers children whose families receive assistance.

Medicare is a federally funded program (Title XX of the Social Security Act) which pays for health care for the elderly and for adults who are disabled.

Medication Therapy is the prescription, administration, assessment of drug effectiveness, and monitoring of potential side effects of psycho-tropic medications.

Mental health refers to how a person thinks, feels, and acts when faced with life's situations. Mental health is how people look at themselves, their lives, and the other people in their lives; evaluate their challenges and problems; and explores choices. This includes handling stress, relating to other people, and making decisions.

Mobile Treatment Team Provides assertive outreach, crisis intervention, and independent-living assistance with linkage to necessary support services in the client's/patients own environment.

Nurse Practitioner (NP) is a registered nurse (RN) who has completed advanced education (a minimum of a master's degree) and training in the diagnosis and management of common medical conditions, including chronic illnesses. Nurse

Practitioners provide a broad range of health care services. They provide some of the same care provided by physicians and maintain close working relationships with physicians. An NP can serve as a consumer's regular health care provider.

Phobia A persistent, irrational fear of a specific object, activity, or situation (the phobic stimulus) that results in a compelling desire to avoid it. This often leads either to avoidance of the phobic stimulus or to enduring it with dread.

Pressured speech is speech that is increased in amount, accelerated, and difficult or impossible to interrupt. Usually it is also loud and emphatic.

Prior authorization The approval a provider must obtain from an insurer or other entity before furnishing certain health services, particularly inpatient hospital care, in order for the service to be covered under the plan.

Psychiatrist is a professional who completed both medical school and training in psychiatry and is a specialist in diagnosing and treating mental illness.

Psychologist is an individual who has completed a doctoral level degree (about 5 years of graduate school resulting in Ph.D. or Psy.D.) in the science of Psychology - the study of how individuals behave, think, feel, know, etc.

Psychotropic medication is medication that affects thought processes or feeling states.

Residential Services provided over a 24-hour period or any portion of the day which a patient resided, on an on-going basis, in a State facility or other facility and received treatment.

Schizophrenia is a mental disorder characterized by "positive" and "negative" symptoms. Psychotic, or positive, symptoms include delusions, hallucinations, and disordered thinking (apparent from a person's fragmented, disconnected and sometimes nonsensical speech). Negative symptoms include social withdrawal, extreme apathy, diminished motivation, and blunted emotional expression.

Stressor Any life event or life change that may be associated temporally (and perhaps causally) with the onset, occurrence, or exacerbation of a mental disorder.

Substance Abuse is the misuse of medications, alcohol or other illegal substances.

Supported Employment consists of services that include assisting individuals in finding work; assessing individuals' skills, attitudes, behaviors, and interest relevant to work; providing vocational rehabilitation and/or other training; and providing work opportunities.

Symptom A sign or an indication of disorder or disease, especially when experienced by an individual as a change from normal function, sensation, or appearance. Symptoms are reported by the affected individual rather than observed by the examiner.

Acknowledgement of Receipt of the Frederick County Mental Health Services Consumer Handbook

I, _____, have received the Frederick County Mental Health Handbook that outlines our services and includes the following information:

- ◆The program goals for Frederick County MHS,
- ◆Services offered, eligibility requirements,
- ◆HIPAA, confidentiality and medical records retention policies,
- ◆After hours' coverage, hours of operation and emergency numbers,
- ◆Recovery and resiliency
- ◆Advance directives, crisis planning,
- ◆Consumer rights, family involvement,
- ◆Medication safety, fire safety and infection control,
- ◆Illicit drug and alcohol policy, smoking policy, and weapons policy,
- ◆Grievance procedure and Nondiscrimination Policy.

Consumer Signature

Date

Witness signature

Date